FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated aver	

12/16/20

SEC USE ONLY									
Serial									
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CEIVED									

Name of Offering (check if this is an amendment and name has changed, and indicate change.) DFG Holdings, Inc. 16% Senior Note and 13.95% Senior Subordinated Note Offering	CESSED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	/
Type of Filing: New Filing Amendment	FC 0.2 2003
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
DFG Holdings, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Are	a Code)
1436 Lancaster Avenue, Berwyn, PA 19312 (610) 296-3400	
Address of Principal Business Operations (Number and Street, City. State, Zip Code) Telephone Number (including Arci	a Code
(if different from Executive Offices) Same Same	TO COL
Brief Description of Business	
DFG Holdings, Inc. is a holding company the subsidiaries of which provide international financial services serving under-banked consumers.	- fo. I
Type of Business Organization	3 2003 >>
☑ corporation ☐ limited partnership, already formed ☐ other (please specify): limited liability opppany	
□ business trust □ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year	
CN for Canada; FN for other foreign jurisdiction) D E	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales or securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and mana 	iging partner of partne	ership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Weiss, Jeffrey	ndividual)				
Business or Residence Address 1436 Lancaster Avenue, Berwy		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Gayhardt, Donald	ndividual)				
Business or Residence Address 1436 Lancaster Avenue, Berwy		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Satter, Muneer	ndividual)				
Business or Residence Address c/o 1436 Lancaster Avenue, Be		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Seiffer, Jonathan	ndividual)				
Business or Residence Address c/o 1436 Lancaster Avenue, Be		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if it Sokoloff, Jonathan	ndividual)				
Business or Residence Address c/o 1436 Lancaster Avenue, Be	•	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Solomon, Michael	ndividual)				
Business or Residence Address c/o 1436 Lancaster Avenue, Be		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if it Green Equity Investors II, L.P.	ndividual)				
Business or Residence Address 11111 Santa Monica Boulevard	•	t, City, State, Zip Code) 0025			Name of the second seco
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if it Weiss, Jeffrey	ndividual)				
Business or Residence Address 1436 Lancaster Avenue, Berwy		t, City, State, Zip Code)			
	(Use bla	nk sheet, or copy and use ad	ditional copies of this sheet.	as necessary.)	

		A. BASIC IDEN	NTIFICATION DATA		odern grund i December 1990 in de partir de 1990 in de La companya de 1990 in
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir GS Mezzanine Partners, L.P. an		tners Offshore, L.P. and asso	ociates		
Business or Residence Address 85 Broad Street, New York, New		t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Ówner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	dividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)		to Vi	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)	010077		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and Stree	t, City, State, Zip Code)			
	(Use bla	nk sheet, or copy and use ad	Iditional copies of this sheet,	as necessary.)	

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				В	. INFORM	ATION AI	BOUT OFF	ERING		TO DE DESCRIP	7 17 16 1	ending National	
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									•••••	Yes □	No ⊠	
2	What is the m	inimum invest	ment that will	be accepted	from any indi	vidual?						\$ None	<u></u>
3.	Does the offer	ring permit joir	nt ownership o	of a single un	it?						,,,,,,	Yes ⊠	No
4.	similar remun associated per dealer. If more	ermation reque eration for solution from or agent of the than five (5) or or dealer only	icitation of pu of a broker or of persons to be	irchasers in d dealer regist	connection with the	th sales of se SEC and/or	curities in the with a state	e offering. If or states, list	a person to be the name of	e listed is an the broker or			
	Name (Last na FAPPLICABI		vidual)						All Andrews				
Busi	ness or Resider	nce Address (N	umber and St	reet, City, St	ate, Zip Code)							
Nan	ne of Associated	Broker or De	aler										
	es in Which Per												
(C	heck "All State	s" or check ind	AR AR	CA	СО	СТ	DE	DC	FL	GA		States	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	wv	WI	WY	PR	
Full	Name (Last nai	me first, if indi	vidual)										
Busi	ness or Resider	nce Address (N	umber and St	reet, City, St	ate, Zip Code))					-		
Nan	ne of Associated	Broker or De	aler	· · · · · ·					7 1		-		
	es in Which Per heck "All States								1. 2. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		🗀 All	States	
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	WV	WI	WY	PR	
Full	Name (Last nai	me first, if indi	vidual)										
Busi	ness or Residen	ice Address (N	umber and St	reet, City, Sta	ate, Zip Code)								
Nam	ne of Associated	Broker or Dea	aler			*							
	es in Which Per heck "All States					-						States	
AL	AK	AZ	AR	CA	СО	CT	DE	DC	FL	GA	НІ	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	WV	WI	WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\omega\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt (16% Senior Notes due 2012 and 13.95% Senior Subornidated Notes due 2012, collectively the "Notes")	\$_	98,702,844.96	\$	98,702,844.96
	Equity	\$	-0-	\$	-0-
	Common Preferred	_			
	Convertible Securities (including warrants)	Ç	- 0-	\$	- 0 -
	Partnership Interest	° –	· -		- 0 -
	•	, —			-0-
	Other (Specify:)	³-	- 0 -	\$	
	Total	\$_	98,702,844.96	\$	98,702,844.96
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		6	_ \$.	98,702,844.96
	Non-accredited Investors		- 0 -		- 0 -
	Total (for filings under Rule 504 only)		N/A	_ \$.	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				·
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505	\$	N/A	\$	N/A
	Regulation A	\$_	N/A	_ \$.	N/A
	Rule 504	\$_	N/A	\$	N/A
	Total	\$_	N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·		
	Transfer Agent's Fees				\$
	Printing and Engraving Costs				\$
	Legal Fees			\boxtimes	\$ 334,349
	Accounting Fees				\$
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify) (a 3% financing fee was paid in the amount of \$1,480,543 on each of the Notes for an aggregate of \$2,961,086)			\boxtimes	\$ 2,961,086
	Total			\boxtimes	\$ 3,295,435

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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C. OFFERING PRICE, NUMBER O	F INVESTORS, EXPENSES AN	D USF	OF PRO	CEEDS	and stage of the
b. Enter the difference between the aggregate offering price giv and total expenses furnished in response to Part C – Question 4.a. T proceeds to the issuer."	his difference is the "adjusted gross				\$*
5. Indicate below the amount of the adjusted gross proceeds to the issue each of the purposes shown. If the amount for any purpose is not kn the box to the left of the estimate. The total of the payments listed in to the issuer set forth in response to Part C – Question 4.b above	own, furnish an estimate and check nust equal the adjusted gross proceeds				
Note that this transaction was offering. The Issuer issued to for its existing outstanding r	the Notes in exchange lotes so there were	è	Payments Officers, Directors, Affiliates	&	Payments To Others
Salaries and reseeds from the offering.			\$	[\$
Purchase of real estate			\$] s
Purchase, rental or leasing and installation of machinery and		\$	[s	
Construction or leasing of plant buildings and facilities			\$	□	s
Acquisition of other businesses (including the value of securit offering that may be used in exchange for the assets or securit issuer pursuant to a merger)	ties of another		\$		s
Repayment of indebtedness			\$	[\$
Working capital			\$	🗆	\$
Other (specify):			\$		\$
			\$	□	s
Column Totals			\$	□	\$
Total Payments Listed (column totals added)			□ \$		
D. $\hat{\mathbf{F}}$	EDERAL SIGNATURE				filmus tymas
The issuer has duly caused this notice to be signed by the undersigned du an undertaking by the issuer to furnish to the U.S. Securities and Exchangenon-accredited investor pursuant to paragraph (b)(2) of Rule 502.					
Issuer (Print or Type)	Signature			Date	
DFG Holdings, Inc.	O.F. May	\sim		Novem	per 24, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Donald Gayhardt	President				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E, STATE SIGNATURE	nic Substitution	anaka. Sanja
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.— Not Applicable

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature A	Date
DFG Holdings, Inc.	O.F. May bot	November <u>24</u> , 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Donald Gayhardt	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	5 Disqualification					
	non-ac investor	to sell to ceredited rs in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE h explanation r granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									,
AR					· · · · · · · · · · · · · · · · · · ·		<u></u>		
CA		Х	Notes \$98,702,845	2	\$19,740,569	-0-	-0-	Not Applicable	Not Applicable
СО			•						
DE									
DC									
FL									
GA		6					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
НІ							· · · · · · · · · · · · · · · · · · ·	-	
ID							· · · · · · · · · · · · · · · · · · ·		
IL									
IN									
IA									
KS									
KY									
LA									
ME							,		
MD		-							
MI	•								
MN									
MS									

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APPENDIX

1		2	3			4		Disqual	5
	non-ac investor	to sell to ccredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)	Type of security and aggregate offering Type of investor and (if yes, price offered in state amount purchased in State of		Type of investor and amount purchased in State (Part C-Item 2)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC							****		
ND									
ОН									
OK						11-			
OR									
RI	-								
SC									
SD									
TN									
TX									
UT	; 							-	
VT									
VA									
WA									
wv							•		
WI									

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APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

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